

WIC Infant Formula and Whole Grain Calculator

USDA is pleased to announce the launch of their new mobile application (App), the WIC Infant Formula and Whole Grain Calculator. FNS, in coordination with the Food and Nutrition Information Center of the National Agricultural Library, developed this App to assist WIC staff in identifying whole grain products that meet WIC's nutritional requirements and to help determine issuance amounts of WIC-eligible formulas. The App will provide WIC staff with the added convenience of being able to access these calculators via a handheld Smartphone (iPhone or Adroid operating systems). The mobile app is available free for download from Apple's App store. The Android version is in testing mode and will be available soon.

Breastfeeding Policy Review
When Changing from Not Breastfeeding to Breastfeeding

In the situation when a mother and infant are certified as not breastfeeding and return at a subsequent visit as fully breastfeeding or partially breastfeeding (in-range), their data need to be updated.

- I. When a mother and infant breastfeeding description has changed, or has been identified as incorrectly entered into VISION, use the “Change BF Info” button, following these steps:

a. If the same day, edit the infant’s nutrition interview and click on change breastfeeding information.

b. If a different day, create a new nutrition interview for the infant and change breastfeeding description field
- II. The display questions will change between Nutrition Practices (Not Breastfeeding) and Nutrition Practices (Breastfeeding).
- III. If the change occurs more than 30 days after a certification, a new certification is required.
- IV It is important to “terminate” the current certification and then follow the steps listed below.

a. Create a new “application”

b. New Breastfeeding “category”

c. Any anthropometric data that are newer than 60 days can be used in the new certification. Any anthropometric data older than 60 days must be taken again.

d. Identity, income and residency records are valid only for 30 days.



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Gluten Free and Proud to Be!

Lindsey McMillan, Dietetic Intern, Brigham Young University

For those living with celiac disease, following a gluten-free diet can be challenging, especially when eating out or feeding a family. It has been estimated that 1 in 133 Americans has celiac disease, a chronic autoimmune disorder that affects the lining of the small intestine. When those with the disease consume gluten, the microscopic finger-like folds of the gut are flattened, greatly decreasing the surface area available for nutrient absorption. Gluten is a protein found in wheat, barley, and rye, and is found in most cereals, pasta, breads, baked goods, and many other items. Untreated celiac disease can lead to poor nutrient absorption, malnutrition, and osteoporosis. Signs and symptoms can include diarrhea, constipation, weight loss, anemia, and dermatitis herpetiformis, an itchy skin rash. Celiac disease is diagnosed with a celiac panel blood test followed by a small bowel biopsy. The only treatment is to follow a gluten-free diet.

The gluten-free diet has recently become popular and is even being followed by those who do not have celiac disease. A common misconception is that a gluten-free diet is a weight loss diet. While a gluten-free diet may include more fruits and vegetables, it is erroneous to say that a gluten-free diet is a weight loss diet. Often the gluten-free breads and baked goods have even higher calories and fats in order to make up for the baking properties lost when using gluten-free flours. Additionally, gluten-free foods are often more than twice as expensive as gluten-containing products. For those who are seeking to lose weight who do not have celiac disease, perhaps a more realistic and frugal diet plan is to simply increase fruits and vegetables and decrease unnecessary calories that may come from refined grains or baked goods.

Very few gluten-free flours are enriched with vitamins and minerals, which can lead to nutrient deficiencies, such as thiamin, riboflavin, niacin, folate, or iron deficiency. Likewise, those with celiac disease are often lactose intolerant and may have low intakes of calcium, vitamin D, and magnesium. Nutrient deficiencies can be avoided by ensuring proper intestinal absorption with complete compliance to the gluten-free diet and by including foods high in the nutrients that have potential to become deficient. In some cases, a supplement may be needed and recommended by a doctor.

Gluten can be hidden in unexpected places, such as in soy sauce, licorice, medications, shampoos, and even play-dough and glue. Checking food labels, calling the manufacturer, or relying on resources is the only way to ensure if a food or non-food item is gluten-free. The Gluten Intolerance Group (GIG) at www.gluten.net is an excellent resource to receive education about the diet, locate gluten-free restaurants, and join a local GIG branch for additional support. Their comprehensive website includes a complete guide to gluten-free products, companies, and manufacturers, as well as many printable educational bulletins.

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Marlo Evans
Employee of the Quarter March 2012
Utah County Health Department, Division of WIC

Marlo Evans started with the Women, Infants and Children (WIC) program October 1991, is currently a Lactation Support Specialist III and a vital part of our breastfeeding support program. The American Academy of Pediatrics (AAP) believes that breastfeeding is the optimal source of nutrition through the first year of life. State WIC says the early weeks of breastfeeding are a learning time for both mom and baby. It is very common for women to feel overwhelmed and question whether they are meeting their babies' needs. It takes patience and practice for breastfeeding to go smoothly. And that's where Marlo comes into the picture!

Co-worker comments include: Marlo has been amazing in so many situations. Regarding breastfeeding, I have never seen Marlo have a situation that she didn't know how to handle. She has extensive knowledge about breastfeeding and has been able to help hundreds (if not more!) of mothers successfully breastfeed and increase duration. Frequently mothers come in who are struggling to get their baby to latch and within minutes she has them drinking well and mom without any pain. She has worked with numerous mothers with premature infants in the NICU to help them maintain and increase milk supply despite their stressful situation. Marlo is the "go to" person when we have a difficult lactation issue with a client.

In addition, Marlo has AMAZING organizational skills! She was given the responsibility of organizing hundreds of single-user breast pumps and storing them. It was incredible how she utilized every inch of space that was available to her. Everyone was very impressed! When we need help in decluttering a storage room we assign her to this task. Marlo single handedly moved pumps and records since the new system needed to be decentralized in the new VISION computer program. She is also responsible for maintaining the inventory of supplies and equipment and consistently helps order what we need so that we do not run out.

Marlo also stepped up to coordinate the Lactation Support Specialist (LSS) staff over six months while our breastfeeding coordinator position was vacant. We have confidence in her abilities to get things done! She trains all the new LSS staff and retrains health aides who may be struggling to keep up with the clinic flow. Marlo presents at staff in-services with clear and concise information. She helps cover health aide shifts when the clinic is short staffed.

Marlo has all the answers to any breastfeeding question. I have not experienced a question from a client that she has not been able to answer. I just love how Marlo always tries her hardest to help the client. Whether it's staying after hours, or squeezing in an appointment, she puts the client first. She is even known to give out her cell phone number to clients who may need help during the weekend. She is passionate about her work and it shows.

In addition, Marlo is going back to school in a nursing program through USU and is the director of the volunteer EMT program with Mapleton City. She enjoys baking (even with the kitchen under complete remodeling construction) and spending time with her husband and four kids. She thinks the world would be a better place if we treated people the way we wanted to be treated. Marlo is a great asset to WIC clients as well as the community and we are pleased to recognize her as Employee of the Quarter.



Risk Factor 142 Premature

To assign risk 142, on the birth measurement record in the Anthropometrics panel, select the radio button for Premature in the "Diagnosed?" box. If the Premature radio button is selected in the "Diagnosed?" box on the birth measurement record, Diagnosed Weeks Gestation should not be entered in this field unless the participant's physician has provided a medical diagnosis of weeks gestation.

If the physician provided a medical diagnosis of weeks gestation and the diagnosed weeks gestation are entered, the VISION system will calculate the adjusted age and plot the growth grids based on the information entered in the Diagnosed Weeks Gestation field, rather than the Calculated Weeks Gestation.

Study Finds 15 Percent of Low-Income Parents Water Down Formula

In a recent study published in Clinical Pediatrics, it was discovered that of the 144 infant caregivers surveyed, fifteen percent reported stretching infant formula by watering it down or feeding their infant less. Thirty-one percent of this sample claimed to have food insecurity and many of those in this sample were receiving benefits from WIC and/or SNAP. Of those on WIC, 65 percent stated they ran out of WIC-supplied infant formula most months and as a result, would start to dilute or cut back on formula fed to their infants. It was also interesting to note that 58 percent of those surveyed would not use generic formula and 50 percent believed generic and brand name formulas were not equivalent. Of course breastfeeding would be the best solution to this problem but the unfortunate reality is not everyone breastfeeds. Study co-author Andrew Beck stated, "Clearly, we encourage and actively support breastfeeding. The reality is that a relatively low percentage of our patients breastfeed by the time they reach us. If they do, we continue to encourage it and have a breastfeeding clinic if they need it. Although they likely wouldn't require formula, we need to do education and a nutritional assessment for mom. Also, as the first year progresses, even fewer families continue to nurse."

("Are Our Babies Hungry? Food Insecurity Among Infants in Urban Clinics" Online Clinical Pediatrics Article published 2/23/2012)

Quotes from Glow and Grow Training 2010

It changed the way I feel about breastfeeding. I had never seen anyone breastfeed and I had a hard time accepting it because I was embarrassed to look at the mom. Thank you for making me feel more comfortable about being around breastfeeding moms.

I'm only a clerk, but feel like I can help now.

Very informative training that I hope at my clinic we will be able to put in practice as an office specialist since we are not allowed at the moment to give any advice or suggestions to clients.

I'm very thankful about this training it opened up my mind more about the importance of breastfeeding, specially because I am a grandma now and my daughter has been determined to breastfeed her 1st baby even if she grew up in a non breastfeeding family except one aunt.

Blood Work Indicator in VISION

If your Agency does not use the scheduler, then the Blood Work (BW) Indicator will not calculate and will not show up on the family screen. The calculations for the BW Indicator are based on appointments made in the scheduler.